

### Consent for IPL (Intense Pulse Light)

Patient Name: \_\_\_\_\_

I understand that the IPL System is intended for Photo rejuvenation with reduction of redness or vascularity and/or reduction of hyperpigmentation (sun or age spots)

I understand that there is a possibility of rare side effects (initial that you understand):

\_\_\_\_\_ scarring

\_\_\_\_\_ temporary or permanent discoloration

\_\_\_\_\_ herpetic outbreak

\_\_\_\_\_ burn

\_\_\_\_\_ need for additional treatments

\_\_\_\_\_ failure to eliminate redness or brown spots

I understand that the treatment by the IPL system involves payment, and the fee structure has been fully explained to me. I give my informed consent for IPL treatment today as well as future treatments as needed.

I also understand that there are other options for treatment available such as topical creams and lotions. \_\_\_\_\_ **(please initial)**.

I read and understand this agreement. My questions were answered to my satisfaction. I agree to the terms of this agreement.

**Patient's Signature:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_